 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Canal Barge Company, Inc. William Murphy Registered Agent for Canal Barge Company, Inc.	9347151
835 Union St. New Orleans, Louisiana 70112	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 015	0 0000 2453 9773
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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Sender: Rease wint your name, address, and ZIP+4 in this box • HAY 27 Ken Talton, Enforcement Officer wironmental Protection Agency RE 45 Ross Avenue, 6SF-TE Allas, Texas 75202